

## ATTACHMENT 4: RABIES PRE-EXPOSURE PROPHYLAXIS GUIDE

Risk category	Nature of risk	Typical Populations	Pre-exposure Recommendations
Continuous	Virus present continuously, often in high concentrations. Aerosol, mucous membrane, bite or non-bite exposure. Specific exposures may go unrecognized.	Rabies research lab worker <sup>1</sup> , rabies biologics production workers.	Primary course. Serologic testing every 6 months; booster vaccination when antibody level falls below acceptable level. <sup>2</sup>
Frequent	Exposure usually episodic, with source recognized, but exposure may also be unrecognized. Aerosol, mucous membrane, bite, or non-bite exposure.	Rabies diagnostic lab workers <sup>1</sup> , spelunkers, veterinarians and staff, and animal-control and wildlife workers in rabies endemic areas. Travelers visiting foreign areas of endemic rabies for more than 30 days.	Primary course. Serologic testing or booster vaccination every 2 years. <sup>2</sup>
Infrequent (greater than population at large)	Exposure nearly always episodic with source recognized. Mucous membrane, bite, or non-bite exposure	Veterinarians and animal-control and wildlife workers in areas of low rabies endemicity. Veterinary students.	Primary course; no serologic testing or booster vaccination.
Rare (population at large)	Exposures always episodic. Mucous membrane, or bite with source unrecognized.	U.S. population at large, including persons in rabies endemic areas.	No vaccination necessary.

<sup>1</sup> Judgment of relative risk and extra monitoring of vaccination status of laboratory workers is the responsibility of the laboratory supervisor.

<sup>2</sup> Minimum acceptable antibody level is complete virus neutralization at a 1:5 serum dilution by RFFIT. Booster dose should be administered if the titer falls below this level.

### RABIES PRE-EXPOSURE PROPHYLAXIS SCHEDULE

Type of Vaccination	Route	Regimen
Primary	IM	HDCV, RVA* , PCEC, 1.0 ml (deltoid area), On days 0, 7, and 21 or 28
Booster <sup>1</sup>	IM	HDCV, RVA*, PCEC, 1.0 ml (deltoid area), day 0 only

<sup>1</sup>Administration of routine booster dose of vaccine depends on exposure risk category as noted in the table above.

\*Although this vaccine is licensed, it is currently unavailable.

Adapted from: Centers for Disease Control and Prevention. Human rabies prevention — United States, 1999: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1999;48 (No. RR-1).